U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10616	2. Fiscal Year Covered From:	
, \$	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name _{George} M Vasquez	Name Plumbers Afl-Cio	
	Labor Organization File Number 048-054	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 18355 South Figueroa St	Street 18355 South Figueroa St	
City Gardena	City Gardena	
State California ZIP Code + 4 90248-4217	State California ZIP Code + 4 90248-4217	
5. Position in labor organization Business Manager	ANGER ANGELIST CONTRACTOR OF THE STATE OF TH	
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Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

		·
A. Held an interest in, monetary value from	engaged in transactions (including loans) with, or an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of	Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room	No., if any	
		7.b. Amount.
Street		
4 · *	the state of the party of the state of the s	
City	\$ 150 e 75 e 25 e 25	
	A CANADA AND A CAN	d.
State	ZIP Code + 4	
	and the property of the second	

Signature

15. Signature and verification. The undersigned declares, unde submitted in this report (including the information contained in any	er penalty of Perju	ry and other applicable pen	alties of the law, that all of the information
undersigned's knowledge and belief, true, correct, and complete.	(See the section.	on nanalties in the instruction	one)
and somplete.	(OCC TIC SCOTOTI	on penalities in the instituction	Jiis.)
Ph. a com I	J.		
Signed Signed M. January	. /	n 8/15/2005	(310)660-0035

Date

Long and

Telephone Number

Name of Person Filing George Vasquez		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Apprentice & Journeymen Training Trust Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 18931 Laurel Park Rd	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion	
City Compton State California ZIP Code + 4 90220			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing Joint Labor Manager 11.b. Approximate dollar values 12.a. Nature of interest held Business Lunches	ment Training Trust ue of such dealing.	
	12.b. Amount.	\$270	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing George	Vasquez	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name National Inspection Testing and Cert. Corp.	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 501 Shatto Place Suite 201	c. Employer	
City Los Angeles		
State California ZIP Code + 4 90020		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Labor Management	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0	
	12.a. Nature of interest held or income received.	
	Meeting/Business Lunches	
	12.b. Amount. \$80	

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (inc	cluding trade name, if any).	9. Business deals with:	
Name Southern California Pipe Trade Adm Corp		a. Labor Organization	
Trade Name, if any:	8		
P.O. Box, Bldg., Room No., if any	<i>a</i>	b. Trust	
Street 501 Shatto Place 5th	floor	c. Employer	
City _{Los Angeles}			
State California	ZIP Code + 4 90020		
10. If 9.b. or 9.c. is checked give trust or	employer's name.	11.a. Nature of such dealing.	
Name		Labor Management	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$0
		12.a. Nature of interest held or income received.	
		Pre Conference \$570 Registration \$915	
		Per Diem Used \$3338.20	
		Meals \$35.20	
		12.b. Amount.	\$4,858